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Somerset County Council.

THE COUNTY EDUCATION COMMITTEE.

Annual Report

OF THE

SCHOOL MEDICAL OFFICER

For the Year 1934.

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County School Medical Officer.

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To the Chairman and Members of the Education Committee

of the Somerset County Council.

Mr. Chairman, Ladies and Gentlemen,

I have the honour to submit my Twenty-sixth Annual Report as School Medical Officer.

The report is on similar lines to those of previous years and is mainly a record of the very considerable work done. Most of it is a record of the regular progress of the work, medical inspection, dental treatment, dealing with special defectives, and the like. Extensions and improvements of various sections of the work are recorded but in the year under review no extensive developments were undertaken except the provision of an additional dentist.

Special attention has been paid during the year to problems of nutrition, and milk for school children. A detailed survey has also been undertaken of all the schools as regards their sanitary condition, and a brief summary of the findings is set out in the report.

I have to thank the various Medical and Dental Officers for their valuable co-operation.

I am,

Your obedient Servant,

WILLIAM G. SAVAGE.

Health Department,
Somerset County Council.
February, 1935.

ORGANISATION.

Dr. Raeburn started his duties on August 1st, 1934, replacing Dr. Heslop, while Mr. J. D. Rees started work as an additional dental officer in September.

Medical Inspector.	Approx. number of Children in attendance.	Inspections.				Percentage of Children inspected.	
		Routine.	Special.	Re-ex.	Total.	Routine.	All.
Dr. Parker ...	5,918	2,116	477	1,916	4,509	35.8	76.2
,, Hibbert ...	9,405	3,464	166	1,139	4,769	36.8	50.7
,, Pringle ...	8,691	3,164	374	2,130	5,668	36.4	65.2
,, Henderson	7,904	2,622	411	2,090	5,123	33.2	64.8
,, Heslop ...	5,447	1,214	132	742	2,088	31.3	53.3
,, Raeburn ...		493	51	273	817		
,, Walker ...	1,053	420	33	190	643	39.9	61.1
,, Halliday ...	369	105	9	84	198	28.5	53.4
TOTALS ...	38,787	13,598	1,653	8,564	23,815	35.1	61.4

MEDICAL INSPECTIONS CARRIED OUT.

The number of Elementary Schools is 449 with 496 departments.

	Urban.	Rural.	Total.
Council Schools	27	120	147
Voluntary Schools	36	266	302
Total ...	63	386	449

BUREAU OF HYGIENE & TROPICAL DISEASES
LIBRARY
15 MAR 1935

The number of visits paid to Elementary Schools for the purpose of conducting routine inspections during the year was 1,207. The number of children inspected was 23,815, a decrease of 2,239 on the previous year. The figures for the different groups are set out in Table I. (at end of Report).

The number of children inspected, exclusive of re-inspections, was 15,251. The number of children re-inspected during the year was 8,564, compared with 10,776 in the previous year. This is exclusive of the cases referred to the School Oculist. All the schools, except 5 Elementary Schools, were visited during the year. The percentage of parents present at routine inspections was 56.0, which is considerably above the average. Pressure of other work only allowed a second visit to be made to 14 schools.

Routine inspection of school children has been in force since 1908. Only those who knew the conditions before that date and have followed the results can appreciate the enormous benefits which have followed this step. Initially merely a medical survey, out of it has grown numerous specialist services for dealing with abnormal children such as an orthopædic scheme, a system of heart clinics, artificial light clinics, special attention to posture, and the detailed consideration of all abnormal children. Systems of dental treatment and special cleanliness schemes have been included. Care is also given to school feeding and the hygiene of school premises.

Figures show the considerable number of defects found, that the machinery evolved enables most of them to be remedied, that the children are very much cleaner, better cared for and appreciably heavier and taller than in pre-inspection days. Teachers have co-operated wholeheartedly and most have acquired a health outlook as regards the needs of their children.

While we can legitimately invite congratulations on the progress made, experience of all procedures and methods shows that they all need careful reconsideration after the lapse of years, often as a direct result of their very success, for what is necessary when so much is to be done requires revision with changed conditions.

All this elaborate ascertainment and collection of statistical data was essential and necessary at the commencement, but in my opinion considerable alterations can now be made with advantage to the work as a whole. I consider we no longer need 3 routine inspections of every child. Eighty per cent. or so of the children are not defective, excluding any temporary troubles and defective teeth. The superficial examination of so many children day by day takes so much time that there is no opportunity to devote care and attention to the exceptional cases which are often very difficult. One examination of every entrant with a second examination when older, say at 8 years, would be adequate. The teachers know the subnormal and exceptional children, and these would all be presented as "specials" and so examined, while the Medical Inspector would have time to carry out a general class survey with the teacher and pick out all the children which he considered required examination.

I should like to see the monotony of examining whole series of normal children on the chance of finding something abnormal diminished by a greater attention to the detailed investigation of the subnormal child and more study given to the causation of defects. It must be remembered that while we get so many defects treated and put right we are but indifferently successful in *preventing* defects. Defects of eyesight, teeth, enlarged tonsils, etc., are for the most part as prevalent as ever they were in the children as they commence school.

The teaching of hygiene and healthy living in the schools is still far behind what it should be and, as shown elsewhere in this report, many school premises are far from satisfactory. More attention could be paid to these matters as well as to nutrition problems for it would be possible to pay a number of visits each year to any particular school.

Such a change in the procedure of Medical Inspection cannot be carried out without the authorisation and co-operation of the Board of Education, but it is nevertheless important to discuss these questions.

EXAMINATION OF SUPPLEMENTARY TEACHERS.

In accordance with the requirements of the Board of Education, 7 women teachers were examined at various times during the year and graded as follows:—

A.1.—In good health, and free from defects	5
A.2.—In good health, but with slight physical defects	2
B.1.—In good health, but with defects likely to shorten period of service	0
B.2.—In good health, but with defects interfering with their efficiency	0
B.3.—In temporary sub-normal health	0
C. —Unfit	0
	7

FINDINGS OF MEDICAL INSPECTIONS.

The figures for 1934 are set out in Tables II., III. and VI., which are on the same lines as last year and in the form recommended by the Board of Education.

Some of the chief percentage figures given in Table VI. are nutrition, bad or below normal, 9.4; defective hearing, 1.0; ear disease, 1.4; skin disease, 0.5; adenoids, 0.8; enlarged tonsils, 24.3; enlarged tonsils and adenoids, 4.7; defective speech, 1.2; dental disease, 65.2; organic heart disease, 0.3; anæmia, 2.3; pulmonary tuberculosis, definite, 0.1, suspected, 0:5. These percentages are very similar to those recorded in previous reports but anæmia is considerably higher. The nutrition figures are considered separately.

Defective Vision.—Defects are recorded for 21.1 per cent. of the children, as shown in Table VI. This includes all degrees of defect, and is not very helpful without explanation. The percentage prevalence of defects amongst two group classes is set out below. "Slight defect" includes visual acuity of 6/9 and 6/12 and "marked defect" any greater degree of vision defect.

	8 years old.			Leavers.			Total Routine. (8 years and over).		
	Boys.	Girls.	Total.	Boys.	Girls.	Total.	Boys.	Girls.	Total.
Slight defect ...	13.1	14.4	13.7	8.6	11.1	9.8	10.6	12.6	11.2
Marked defect...	6.5	7.0	6.8	7.3	8.2	7.8	7.0	7.7	7.3

The percentages for the 8 year old children and the "Leavers" group represent the proportion of slight and marked eye defects amongst the children. The figures for the entrants are not given as they merely represent the proportion found with defective sight amongst those presented by the teachers as having possibly defective eyesight, since entrants are not examined for eye defects as a routine measure. The number of children so presented fluctuates greatly.

During the year 2,138 elementary school cases were examined by the Oculist, 1,087 being re-examinations. These figures represent a material increase and the County Oculist now has to devote more time to this work and less to routine medical inspection. In 1,040 of the 1,051 new cases errors of refraction were present. The nature of the defects found are given in the following tables:—

Errors of Refraction.	BOYS.				GIRLS.				Totals.
	Under 8.	8-9.	12 & over.	Other Ages.	Under 8	8-9.	12 & over.	Other Ages.	
Hypermetropia	66	43	50	89	57	44	50	101	500
Hypermetropic astigmatism	32	40	17	49	36	37	52	55	318
Myopia	1	5	12	8	3	4	18	10	61
Myopic astigmatism ...	4	10	15	14	9	19	10	9	90
Mixed astigmatism ...	2	3	1	2	2	11	9	9	39
Heterometropia	1	5	5	3	4	2	5	7	32
TOTAL ...	106	106	100	165	111	117	144	191	1,040
Re-examination cases ...	68	45	178	201	55	36	273	231	1,087
Cases without error of refraction	2	1	0	2	1	2	1	2	11

		Boys.	Girls.	Totals.
Disorders of Mobility.	Convergent strabismus	32	25	57
	Alternating strabismus (mainly convergent)	0	0	0
	Divergent strabismus	1	3	4
	Nystagmus	4	1	5
Pathological changes of Eye due to accident or disease.	Of Conjunctiva	4	1	5
	,, Cornea	5	1	6
	,, Sclerotic	0	0	0
	,, Iris and ciliary body	0	0	0
	,, Lens	0	1	1
	,, Vitreous	0	0	0
	,, Choroid and retina	0	1	1
	,, Optic Nerve	1	0	1
Diseases of Adnexa of the Eye.	Of Eyelids	53	62	115
	,, Lachrymal apparatus	0	0	0
Congenital Disorders of the Eye.	Globe as a whole	0	0	0
	Cornea (conical chiefly)	0	0	0
	Sclerotic (blue)	0	0	0
	Iris and ciliary body	1	0	1
	Lens { Dislocation	0	0	0
	Lens { Cataract	0	2	2
	Choroid and retina	1	0	1
	Optic Nerve	0	1	1
	Lack of pigment	1	0	1
	Eyelids	1	1	2
Headaches, and other reflex nerve symptoms associated with visual defects		123	196	319
Cases considered unsuitable for instruction in Elementary Schools and certified as "Blind"		3	3	6

In addition the County Oculist examined 163 Secondary School scholars, 52 mentally deficient persons (21 from Sandhill Park), 189 pre-school children for squint and one other person referred to him. Seven days' work (with 110 cases) was done for the Bridgwater Urban Education Authority. He also examined a number of cases in connection with the County Scheme for the Blind.

NUTRITION.

It is very difficult to arrive at *accurate* information as to the extent to which malnutrition is present in groups of children as there are no precise means of measurement, which means that some children would be included as malnourished by some observers but not by others. The best means of ascertainment in any particular case are on clinical grounds and not solely on height and weight or any particular deduction from them. In order to obtain more uniformity the question was fully discussed at a Conference of the County School Medical Staff in January, 1934.

As well as clinical methods a nutritional quotient was adopted as an additional help.

$$\text{N.Q.} = \frac{\text{weight in pounds.}}{\text{height in inches.}}$$

This quotient was worked out, for boys and girls separately, for the different heights using our own standard Somerset figures, so a basis of comparison was available for each age and each sex. The quotient is worked out for all doubtful cases and recorded on the card, while a figure of 10 per cent. below is taken as evidence of poor nutrition. The general experience after a year's work is that while this measurement is of considerable assistance the final assessment must be based on clinical data.

The percentage figures for nutrition below normal for the last 6 years were 8.2 (1929), 6.6 (1930), 7.2 (1931), 5.7 (1932), 9.1 (1933), and 9.4 (1934). These figures show some real increase in 1933 and 1934 over the average. When special attention is paid to one feature the percentages are likely to go up, and with the particular attention paid in 1934 I am glad to note that the figure is practically the same as for 1933. That there is more malnutrition is also suggested by the anæmia increase from 1.4 to 2.3 per cent.

Dr. P. Henderson has presented a special report upon 4,000 children examined by him in detail for nutrition defects, his chief criteria being, presence of anæmia (clinically detected), diminution of vigour, etc., and the N.Q. mentioned above. On these standards, 280 children were considered of subnormal nutrition, *i.e.*, 7.0 per cent. Of these children, in 260 the N.Q. was 10 per cent., or more below standard for its age and sex group and all but 27 showed clinical signs of malnutrition.

Dr. Henderson further investigated some of the factors which were or might be responsible for the malnutrition.

Degree of Employment—	Breadwinner fully employed	135
	,, part time employed ...	36
	On unemployment benefit	60
	,, Poor Law Relief	26
	Pensioners	23
		280

The majority of the men in employment were farm or general labourers with a low rate of wages, but it is still rather striking that in 135 cases the breadwinner was in full work.

Number of Children in Family.—The number of children in the family was: 3 (1 child), 22 (2 children), 65 (3), 80 (4), 56 (5), 37 (6), 10 (7), 2 (8) and 5 (9 children). Comparatively large families was one, but only one, factor. Of the 135 cases where the breadwinner was in full work, in 38 the number of children was 6 or more, in a further 65 it was 4 or 5.

Financial Position.—This was obtained in 243 cases. In 209 instances, the children came from homes where the amount of income available for the purchase of food was below the minimum scale (5/11d.) of the British Medical Association Nutrition Committee accepted as essential for the maintenance of health. The rent was not a significant factor in most cases, as in 80 per cent. the children came from homes where the rent did not exceed 20 per cent. of the total income.

Home Management.—Inquiries as to expenditure were made, and in 34 cases Dr. Henderson considers that unwise spending and mismanagement on the part of the mothers was the primary factor concerned.

This investigation of Dr. Henderson is a valuable contribution, and shows, as we all know, that a number of different factors are responsible for malnutrition. A few are purely medical in origin, some are due to faulty habits, but the great majority are due to insufficient or improper kinds of food being supplied.

The County figures were 9 per cent., and those in Dr. Henderson's detailed study 7 per cent., so the problem is not a prominent one in this county. This figure, however, does not include the children who do not obtain as much food as they need for perfect growth. It will be interesting to note how the milk in school campaign affects the figures. In my report for 1932, I compared heights and weights for the period 1909-11 with those for 1932, and showed that for every age and for each sex, the children on an average were both taller and heavier than before the war. Obviously, therefore, the average child shows a great improvement in nutrition over the pre-war child, but there is need for special attention to the individual undernourished child. It is noted elsewhere in this report that the milk grants to individual children were more than doubled during the year.

MILK AND MEALS ON SCHOOL PREMISES.

The position as regards meals other than milk was set out in my report for last year and I have no information as to any changes.

Under the Milk Act, 1934, a scheme of the Milk Marketing Board was approved by the Ministry of Agriculture and by the Board of Education, whereby milk was made available for children in schools at the reduced price of 1/- per gallon, thus enabling it to be supplied to the children at ½d. for one-third of a pint, approximately at half cost. The Scheme came into operation on October 1st, 1934, and quite insufficient notice was given to enable proper arrangements to be made for rural and small urban areas.

The source and quality of the milk has to be approved by the Medical Officer of Health and the School Medical Officer. This is a very necessary provision as it enables milk safe for consumption to be supplied. The types of milk authorised are milk produced from Certified or Grade A (tuberculin tested) herds or milk sold as "Pasteurised Milk" under licence of the local authority and as defined by the Ministry of Health. If none of these safe types of milk are available, as a temporary measure, ordinary milk is authorised, subject to it being brought to the boil in school before being drunk.

Owing to the short notice given, many supplies requiring to be boiled in school had to be authorised, but as rapidly as possible these are being replaced by milk of one of the approved types supplied in bottles.

The position at the end of the year as regards schools in which this cheap milk was drunk was as follows:—

Schools.	Number.	Taking Milk which is			No milk.
		Grade A (t.t.)	Pasteurised.	Boiled.	
Urban Elementary ...	65	11	44	2	8
Rural ,, ...	384	16	110	107	151
Secondary	18	3	3	1	11

Of the 449 elementary schools, the children in 6 per cent. were drinking Grade A (t.t.) milk, in 35 per cent. Pasteurised, in 24 per cent. Boiled, and in 35 per cent. taking no milk.

The returns from the teachers are far from complete, but they show that at the end of December over 12,000 children were taking the milk, the proportions consumed being 15 per cent. Grade A. (t.t.), 72 per cent. Pasteurised, and 13 per cent., Boiled.

At the end of January, 1935, the milk was being drunk in many additional schools, the further milk supplied being almost all pasteurised milk and the number drinking it had considerably increased.

The Scheme is a voluntary one on the part of the teachers. It gives them a good deal of extra work, particularly when the milk has to be boiled in school. They have taken up the Scheme with zeal and energy and its great success in this County is mainly due to their recognition of the value of milk for the children and their willingness to undertake the necessary additional work to see that they get it.

The arrangement for milk for undernourished children has been amended to bring it into line with this cheap milk scheme. Where milk is provided by the County Education Authority because it is needed on medical grounds and the parents cannot afford it, the ½d. per third of a pint is provided by the Education Committee instead of the parents. Usually more than one-third pint a day is required. Where no milk is drunk in school the old arrangement of direct contract with the milkman is maintained.

Milk is not only a food, it is a growth stimulant and of a value to children beyond its actual food composition. I regard it as of very great value to children, and it is of great importance that every child should have a sufficiency of pure milk. I hope this milk scheme will be continued as I am convinced it will be of marked benefit to the children.

MEDICAL TREATMENT AND FOLLOWING UP.

During the year 922 new cases were referred to the Care Visitors. Arrangements have now been made with 149 Nursing Associations. Inspections in 427 schools were attended by District Nurses, 1,086 inspections were attended by these nurses, and 2,628 cases were referred to them for home visits. Their reports state that 7,105 home visits were paid to these cases.

Their reports upon the 2,628 cases referred to them for home visits show that in 1,201 cases (46 per cent.) medical treatment had been obtained, and 193 cases(7 per cent.) were under treatment by the nurse; in 489 cases(19 per cent.) no treatment was obtained; 683 cases (26 per cent.) were under supervision; and in the remaining 62 cases (2 per cent.) visits had yet to be made at the time the reports were received.

Slight degrees of nasal obstruction, probably due to adenoids, but not marked cases, are reported for breathing exercises in the schools under the direction of the teachers. Directions to parents and teachers as to treatment were given in 2,444 cases (18 per cent.) and for observation in 1,233 cases (9 per cent.). During the past year grants of milk, malt and oil, or Parrish's Food were made to 746 children at a total cost of approximately £144. Every child is selected on medical grounds. This is an increase of 382, i.e., these grants have rather more than doubled, but this is money well spent.

The National Society for the Prevention of Cruelty to Children continues to afford useful service in the investigation and following up of certain difficult cases.

In 1934, 61 cases were referred to the Society's Inspectors. The number of cases under each heading is as follows:—

Neglected and Verminous	49
Tonsils and Adenoids	3
Other	9
	61

In the 49 cases referred for neglected and verminous conditions, an appreciable, and in most cases a very considerable improvement has been effected as a direct result of home visiting and general supervision by the Society. In respect of 3 cases where parents had persistently disregarded our advice as to the obvious need for the removal of tonsils and adenoids, consent was eventually obtained in one of these cases through the efforts of the Society's Inspector. In the other 2 cases, operative treatment will be carried out early in 1935. Arrangements were also made for two children to be operated on for hernia. In another case, the Society provided a push-chair for a physically defective child, thus enabling him to attend school. In one case, the Society was able to effect removal of a child to a Public Assistance Home although the parents had previously opposed such a measure.

The methods of treatment for special defects described in previous reports were maintained. The following defects may be specially mentioned:—

TONSILS AND ADENOIDS.

A scheme for securing operative treatment for Tonsils and Adenoids at certain approved hospitals was started in 1920. Last year 245 recommendations were issued, and 223 operations performed. The cost of these operations was £416 18s. 0d., of which sum £28 13s. 0d. was refunded by the parents and Hospital Leagues, leaving a balance of £388 5s. 0d. to be paid by the County Education Committee. Twenty-one recommendations are outstanding, involving a further sum of about £40.

TUBERCULOSIS.

During the year 72 cases of tuberculosis, or suspected tuberculosis, of the lungs were recorded amongst the routine inspections, while there were 62 suspected cases amongst those specially presented. Eighteen cases of tuberculosis of other parts of the body were recorded, chiefly of glands, bones and joints. Of the 135 cases referred to the Tuberculosis Officers and examined, 3.0 per cent. were found to be definite cases, and a further 15.6 per cent. were marked as suspicious cases of tuberculosis.

Quantock Summer Camp. The Summer Camp in the grounds of the Quantock Sanatorium was again held during the year and on very similar lines to the Camps of 1924-33. Great care was taken in selecting the children and they were picked out by the Medical Inspectors and the Tuberculosis Officers right throughout the year, the list being revised and the children finally selected a few weeks before the Camp opened.

Forty girls were at the Camp from July 7th to August 3rd, and forty boys from August 7th to August 27th, a period of four weeks for the girls and three weeks for the boys. It was not possible to arrange four weeks for the boys. The children were regularly weighed and medically inspected while at the Camp. The benefit to the children was marked. The average gain in weight for the girls was 6 lbs. 8 ozs., and for the boys 3 lbs. 10 ozs. As before, the Camp was run mainly by voluntary help. The total expenditure was £180, of which £132 was for food. The children were well fed, and the cost of food for children and staff worked out at 14.7 pence per head per day. Each girl on the basis of a four weeks' holiday cost £2 7s. 2d., and each boy (3 weeks) £1 15s. 4d., including everything. The Education Authorities of Yeovil and Bridgwater repaid £43 0s. 3d.

RHEUMATIC HEART DISEASE.

During 1934 five Heart Clinics were held as follows:—

Centre.	Number of Clinics held.	Cases examined.			
		County.	Taunton.	Bridgwater.	Total.
Glastonbury	1	9	—	—	9
Radstock	1	14	—	—	14
Taunton	1	13	5	—	18
Weston-super-Mare ..	1	18	—	—	18
Yeovil	1	11	—	—	11
TOTALS	5	65	5	—	70

These children have been grouped as follows:—

Suffering from rheumatic heart disease	28
Suffering from congenital heart disease	14
Not suffering from heart disease	24
Doubtful cases or cases under observation	4
	70

The diagnosis of a good many cases has been cleared up and in a number of instances children who have been stopped all games, etc., have been allowed to resume normal school life.

During 1934, five selected cases—one girl and four boys—were admitted to the Orthopædic Hospital at Winford. Three girls were discharged; and at the end of the year, four boys were still receiving treatment.

Periodic medical reports are available in respect of all children at Winford and these afford useful information as to progress in each case. Of the three children discharged during the year, one girl after a stay of twenty-seven weeks had appreciably gained in weight and showed no signs of heart impairment. She was fit to attend ordinary elementary school and lead the life of a normal child of her age.

The other two, admitted in September, 1933, were discharged at the end of thirty-one and thirty-eight weeks respectively. The following medical reports on their physical condition are very satisfactory:—

(*a*) Chorea cured and general condition good. Gained 15 lbs. in weight and grown 1¾ inches. Still has systolic murmur, but lesion seems to be quiescent. There should be no further relapse under favourable home conditions, etc.

(*b*) Has gained 1 stone in weight since admission and grown 1¼ inches. Now no chorea nor any cardiac lesion, and her exercise tolerance test is as it should be. Quite fit to attend school regularly.

It is evident that the marked improvement in these heart cases has been well maintained and there is every reason to believe that permanent cure has been effected.

VISION AND EYE DEFECTS.

The cases of defective vision include those with slight defects which require no special treatment, and cases of decided impairment of vision or with definite symptoms of eye strain which are referred to the School Oculist. During 1934 the School Oculist examined 1051 new cases and prescribed glasses in 942.

At the end of the year the number of eye centres in the County was 35, all unaltered from the previous year. Ninety-one per cent. of the children summoned to the different eye centres attended. Of the remaining 9 per cent. the majority attended on being again sent a notice.

During 1934 the five shillings charged for spectacles was received from 1,388 parents, while in 208 cases (as compared with 218 in 1933) the cost or part of it was provided out of County funds. The expenditure involved was £41 0s. 0d., as compared with £43 10s. 6d. in 1933. Necessitous cases requiring free repairs to frames or new lenses, etc., cost the Committee £2 6s. 1d. Carrying out the resolution of the Education Committee to pay charges for repairs above 2s. 6d. cost £1 16s. 9d. The present charge for spectacles is now rather more than their actual cost, and during the year this gave a profit of £72 18s. 0d. £45 2s. 10d. was lost on repairs and for free glasses, and £3 17s. 6d. on eye-shades. The receipts for eye material, therefore, was £23 19s. 8d. above the cost.

During the year 1,596 new pairs of spectacles were supplied, while 924 pairs previously ordered were repaired, or new lenses were fitted to old frames. Children provided with spectacles are re-examined by the Medical Inspectors at their next visit to see that the spectacles fit and have not been bent out of shape. If necessary the children are referred back to the School Oculist.

Of the 1,051 new cases examined, 61 were suffering from squint. Glasses were prescribed in 61 cases and obtained in 55. Eye shades were provided in 34 cases.

DENTAL DEFECTS.

The Dental Scheme only deals with children of selected special ages. Children found at Medical Inspections to have defective teeth are not treated by the School Dentists unless they come under the Scheme. They are referred for treatment as for other defects, *i.e.*, the parents are informed, the School Care Visitors have case sheets, etc. Three dentists were at work throughout the year, and a fourth from September 7th. The figures set out show that 44 per cent. of the children passed through their hands.

The ages of the 17,158 children who were examined under the scheme were 341 (5 years), 2,493, 2,500, 2,345, 2,291, 2,127, 1,824, 1,678, 1,409 and 124 (14 years).

The treatment given to the 13,838 children was as follows:—

Extractions (temporary)	15,632
,, (permanent)	1,573
Fillings (temporary 347; permanent 14,062)	14,409
Other treatment (scaling)	78

	No treatment required.			Cases requiring treatment.						
	Number of Cases.	No previous treatment.	Previously treated.	Number of Cases.	Extraction temp. only.	Extraction perm. only.	Fillings only.	Extraction and fillings.	Extraction, fillings and other work.	Other work only.
Mr. Goddard ...	1,669	672	997	4,190	1,198	144	1,853	983	5	7
Mr. Nicolson ...	800	197	603	4,922	2,283	155	1,100	1,383	0	1
Mr. Crossley ...	566	175	391	3,324	978	156	924	1,235	20	11
Mr. Rees ...	285	135	150	1,402	860	80	174	257	19	12
	3,320	1,179	2,141	13,838	5,319	535	4,051	3,858	44	31

As in previous years the most satisfactory features of the scheme are the large number of children which yearly require no treatment and the large number of fillings and the small number of permanent teeth extracted as set out in the table. The table shows that 3,320 required no treatment, of which 2,141 had been previously treated. To this should be added, from the point of view of conservative dentistry, the 5,319 children who required temporary extractions only. This makes 8,639 children whose teeth were examined and found to be sound except for temporary extractions.

Children examined and Schools included.

District.	Number of Schools.	Number of Schools included.	Number of days worked.	Children examined.		Children treated.	
				Ages included in Scheme.	Other Ages.	Ages included in Scheme.	Other Ages.
Axbridge Area ...	43	23	37	1,019	—	746	—
Weston-super-Mare...	6	6	39	1,047	1	789	—
Bath Rural ...	17	17	36	564	4	506	3
Bridgwater Rural ...	37	37	52	1,323	2	1,196	2
Chard Area ...	28	12	19	503	—	434	—
Clutton Area ...	31	31	87	2,266	1	1,621	1
Dulverton Area ...	13	13	13	329	—	277	—
Frome Area ...	26	6	5	113	—	97	—
Keynsham Area ...	8	8	14	387	1	289	1
Langport Rural ...	24	20	29	709	—	577	—
Long Ashton Area ...	32	31	52	1,451	—	1,022	—
Shepton Mallet Area	25	25	44	793	3	639	2
Taunton Rural ...	28	38*	52	1,420	—	1,192	—
Wellington Area ...	18	18	35	976	2	827	2
Wells Area ...	25	25	62	1,069	5	942	3
Williton Area ...	29	28	40	1,129	—	960	—
Wincanton Rural ...	27	27	48	989	7	820	6
Yeovil Rural ...	31	31	42	1,045	—	884	—
	448	396	706	17,132	26	13,818	20

*Ten schools were inspected twice in the year.

Mr. Goddard, Mr. Nicolson, Mr. Crossley and Mr. Rees worked 706 days (212, 213, 213 and 68 respectively) during the year and examined 17,158 children, an average of 24 a day, while 20 a day were treated, the average for the previous year being 26 and 21 respectively. These figures must be considered as satisfactory in view of the difficulties of transport, administration, etc.

The cost of the dental work for the year was £2,756 (exclusive of superannuation contributions), the largest items being £1,741 salaries of dentists, £487 travelling and maintenance allowances, and £213 clerical assistance. The cost of dental materials and renewals was £110, while the amount paid for the hire of rooms was £149. The sums received as fees from parents during the year amounted to £339. The cost for each child treated works out at 3/11, or deducting parents' contributions, 3/6.

The numbers of toothbrushes sold during the last ten years are: 2,988, 3,695, 3,192, 3,138, 2,511, 2,479, 2,031, 1,942, 1,990, 1,514 (1934). The price charged is 4d.

In my report for last year I discussed in some detail the dental scheme and the results obtained so it is unnecessary to do so in this report. The fourth dentist only started in September so there are still great arrears of children to be examined.

VERMINOUS CONDITION OF SCHOOL CHILDREN.

The equivalent of the time of two whole-time School Nurses was available for this and allied school work. On an average they paid two or more visits to each school in their area. All the Health Visitors did some of this work. The children examined were 23,136 boys and 27,071 girls, and of these 259 boys (1.1 per cent.) and 1,144 girls (4.2 per cent.) were found verminous. During the year 180 children were excluded as belonging to the persistently verminous group. Most of these cleaned up, at least temporarily, under pressure.

The following table shows the inspections made and the results. The percentages shown do not accurately indicate the relative verminous conditions in the different areas, since so much depends upon the children and schools selected.

Verminous Condition of School Children, 1934.

Sanitary Area.	Number of children inspected.		Excluded.	Prosecuted.	Percentage verminous.	
	Boys.	Girls.			Boys.	Girls.
Axbridge	638	615	9	0	1.9	7.3
Burnham-on-Sea ...	298	294	3	0	1.0	8.9
Highbridge ...	141	128	3	0	2.8	3.9
Weston-super-Mare	692	1,002	10	0	1.3	5.8
Bath Rural	1,024	1,132	28	0	1.1	5.7
Bridgwater Rural ...	1,881	1,923	18	0	1.4	6.3
Chard Urban ...	300	548	13	0	4.7	4.9
Chard Rural ...	566	572	4	0	3.6	8.4
Crewkerne	242	256	1	0	5.4	13.3
Ilminster	68	366	12	0	0.0	7.7
Clutton	1,743	1,678	1	0	0.6	2.9
Midsomer Norton ...	482	764	0	0	0.0	2.7
Radstock	91	533	0	0	0.0	3.8
Dulverton	359	383	0	0	2.5	6.5
Frome Urban ...	653	1,050	7	0	0.0	2.0
Frome Rural ...	1,157	1,139	0	0	0.2	2.9
Keynsham	893	527	4	0	1.1	6.3
Langport	1,534	1,771	2	0	0.5	2.8
Long Ashton ...	1,432	1,318	9	0	1.5	6.6
Clevedon	452	459	6	0	3.6	6.9
Portishead	223	213	0	0	0.9	17.4
Shepton Mallet Urban	426	404	2	0	0.0	2.5
Shepton Mallet Rural	587	530	1	0	0.3	1.1
Taunton Rural ...	1,544	1,523	12	0	0.6	2.9
Wellington Urban ...	195	889	1	0	2.1	4.2
Wellington Rural ...	270	416	6	0	2.2	3.6
Wells Urban ...	144	306	1	0	2.1	6.9
Wells Rural ...	488	459	5	0	3.1	5.0
Glastonbury ...	22	219	0	0	0.0	3.7
Street	127	103	0	0	0.0	1.9
Williton	1,025	928	0	0	1.2	4.6
Minehead	107	774	0	0	0.9	1.9
Watchet	78	64	0	0	1.3	4.7
Wincanton	1,145	1,219	6	0	0.1	0.7
Yeovil Rural ...	2,109	2,566	16	0	0.7	2.5
TOTALS ...	23,136	27,071	180	0	1.1	4.2

WESTON-SUPER-MARE SCHOOL CLINIC. SUMMARY OF WORK, 1934.

Reason for examination or treatment.	Examined only.	Treated.					Total examined or treated	Attendances at Clinic.
		Cured.	Improved.	Unrelieved	Under treatment, etc.	Total treated.		
Fitness for School or Special Schools ...	71	—	—	—	—	—	71	97
Re-examined from 1933	12	7	1	—	2	10	22	68
External eye diseases	2	9	2	—	1	12	14	45
Ear diseases: Otorrhœa, etc.	—	13	4	—	4	21	21	169
Deafness	2	5	1	—	2	8	10	31
Ringworm: Body	—	6	—	—	—	6	6	19
Scalp	—	—	—	—	—	—	—	—
Impetigo	—	34	—	—	4	38	38	117
Scabies	—	3	—	—	—	3	3	8
Eczema and other skin diseases	1	14	5	2	3	24	25	78
Minor skin injuries	2	19	—	—	1	20	22	63
Other conditions	107	18	3	—	2	23	130	218
TOTALS ...	197	128	16	2	19	165	362	913

Total individual children examined or treated = 341.

FROME SCHOOL CLINIC. SUMMARY OF WORK, 1934.

Reason for examination or treatment.	Examined only.	Cured.	Improved.	Unrelieved	Under treatment, etc.	Total treated.	Total examined or treated	Attendances at Clinic.
Fitness for School or Special Schools ...	16	—	—	—	—	—	16	17
Re-examined from 1933	2	—	2	—	3	5	7	10
External eye diseases	—	6	5	1	2	14	14	18
Ear diseases: Otorrhœa, etc.	—	6	3	1	2	12	12	27
Deafness	1	—	—	—	—	—	1	1
Ringworm: Body	—	2	—	—	—	2	2	6
Scalp	—	—	—	—	—	—	—	—
Impetigo	—	8	4	—	10	22	22	70
Scabies	—	1	—	—	—	1	1	2
Eczema and other skin diseases	—	14	2	1	9	26	26	51
Minor skin injuries	1	8	1	—	2	11	12	43
Other conditions	40	3	8	—	11	22	62	109
TOTALS ...	60	48	25	3	39	115	175	354

Total individual children examined or treated = 175.

OTHER AILMENTS, INCLUDING SKIN DISEASES.

A number of cases of minor ailments are referred to the District Nurses for treatment, and during the year 238 cases were so referred. Many cases were treated at the School Clinics. In general there has been a marked decrease in recent years in the number of minor ailments to be treated.

School Clinics. There were two such Clinics at the beginning of the year, *i.e.*, at Weston-super-Mare and Frome. The table shows the work done at these Clinics. The figures are about the same as for the previous year.

Goitre. Iodised chocolates are given in selected schools to children to prevent the development of goitre. During the year this preventive treatment was given in 35 schools to approximately 1,482 children. The cost of the chocolates for the year was £15 18s. 0d.

Ringworm. From an average of over 200 cases a year (as high as 323 cases in 1911) the number of cases of ringworm of the scalp has steadily diminished until at the end of 1934 there were only 9 known cases, the lowest recorded. There were no known cases in 441 schools, one case in 7 schools and two cases in one school (Clandown).

District Nurses, under the arrangements made by the County Education Committee, assisted in the treatment of 10 fresh cases. Of the 9 known cases, in 8 District Nurses are assisting in the treatment, as compared with 7 in the previous year. Drug treatment is given at the Weston-super-Mare and Frome School Clinics. All but four of the 9 cases are attending school under the scheme, the other cases being unsuitable for the cap scheme.

Seventy cases of ringworm of the body were reported and excluded until cured. The majority were back at school within a few weeks.

TREATMENT WITH ARTIFICIAL LIGHT.

Treatment with artificial light, in the form of a Mercury Vapour Lamp, is available at four centres., *i.e.*, Bridgwater, Weston-super-Mare, Yeovil and Minehead. The following tables give particulars of the cases treated, attendances and results. The education cases vary in character but many are malnourished, debilitated children and most of these derive great benefit.

Centre.	Number of Clinics held.	New cases seen.	Total Attendances.				
			Infant.	Education.	Tuberculosis.	From outside areas.	All.
Bridgwater	80	19	108	358	60	85	611
Minehead	57	11	52	222	0	0	274
Weston-super-Mare...	100	32	20	419	53	239	731
Yeovil	71	13	42	173	84	15	314
TOTAL ...	308	75	222	1,172	197	339	1,930

	Tuberculosis.	Rickets.	Debility and Malnutrition.	Glands (not Tuberculous).	Others.	Total (all cases).
Cured or improved ...	12	2	20	16	14	64
Unaltered	2	0	2	1	1	6
Worse	0	0	0	0	0	0
Still under treatment	6	0	15	8	7	36
TOTAL ...	20	2	37	25	22	106

The year 1934 was again sunny and dry until the late Autumn and cases needing artificial sunlight were somewhat fewer. The Weston-super-Mare area is still the busiest, many of the new cases being referred by doctors who have already watched the benefit received by previous patients of their own.

The benefits of light treatment appear to be fairly permanent so far as Somerset is concerned, as very few patients who had been treated in 1933 required a further course of light in 1934. The treatment is given carefully and under individual supervision and no ill effects were seen in any case during the year.

CRIPPLED CHILDREN.

The Orthopædic scheme, started in 1925, continues to yield most valuable results. The types of cases seen are less severe and more are postural defects. The value of the postural work done here and in the schools was pointed out in last year's report. While changes have taken place in the staff of the Bath Orthopædic Hospital during the year we have fortunately been able to retain Dr. Forrester-Brown's services both for the clinics and to treat, more directly under her control than was possible in the past, the cases in the Hospital. Much greater continuity of treatment is now possible. She is in charge of all the County Clinics. Miss Mayor is in charge of the Sister's Clinics, where she follows up the cases and carries out the treatment authorised. Her work continues to be of great value.

Voluntary helpers are available at all the Surgeon's clinics and at most of the Sister's clinics. At four Surgeon's clinics V.A.D. nurses have mainly staffed the clinics and have provided excellent Honorary Superintendents. Much transport help is also given by voluntary workers and a material part of the success of the scheme is due to this splendid voluntary help. The teachers have been very helpful in the following up of school cases, seeing that they come to school in the boots provided, wear any appliances ordered, etc.

The attendances at the Surgeon's and Sister's Clinics are shown in the following tables:—

Attendances at Surgeon's Clinics, 1934.

Dispensary.	Number of Clinics held.	New cases seen.	Total Attendances.				
			I	E	T	O	All.
Glastonbury ...	5	17	44	102	8	2	156
Radstock ...	4	38	35	92	11	3	141
Taunton ...	11	79	109	238	27	2	376
Weston-super-Mare	11	80	116	201	30	4	351
Yeovil ...	11	61	84	230	16	10	340
Frome ...	4	27	33	91	6	3	133
Bath ...	3	27	25	76	0	3	104
Bridgwater ...	5	24	56	89	27	1	173
	54	353	502	1,119	125	28	1,774

Note.—I = County Pre-school cases, E = County Education cases, T = Tuberculosis cases, O = Other cases, *i.e.*, children over age.

Attendances at Sister's Clinics, 1934.

Dispensary.	Number of Clinics held.	Total Attendances.				
		I	E	T	O	All.
Glastonbury ...	33	76	211	11	2	300
Radstock ...	38	136	385	19	1	541
Taunton ...	40	234	288	19	0	541
Weston-super-Mare	37	200	638	15	0	853
Yeovil ...	34	129	280	10	3	422
Frome ...	23	75	195	9	0	279
Bath ...	11	16	93	0	1	110
Minehead ...	12	21	62	0	0	83
Bridgwater ...	25	145	169	41	3	358
Chard ...	8	3	38	0	0	41
Clevedon ...	3	3	36	0	0	39
Langport ...	10	12	37	0	0	49
Shepton Mallet ...	11	17	43	0	1	61
Wellington ...	11	15	48	5	0	68
Wincanton ...	10	24	43	2	0	69
Bristol ...	10	11	111	2	0	124
TOTAL ...	316	1,117	2,677	133	11	3,938

In addition 271 attendances have been made at a posture class at Taunton.

Bath and Wessex Children's Orthopædic Hospital.

Somerset cases in hospital during 1934.

Type of Case.	In Hospital 31-12-33.	Admitted.	Discharged.	In Hospital 31-12-34.	Average duration of each case (discharged cases only).
Non-resp. tuberculosis (bones and joints)	9	7	8	8	286 days
Congenital deformities	10	27	34	3	98 days
Poliomyelitis ...	6	17	17	6	172 days
Rickets	2	11	11	2	126 days
Spastic paralysis ...	0	2	2	0	36 days
Scoliosis	0	3	2	1	65 days
Osteo-myelitis (other than tubercular) ...	2	4	3	3	662 days
Other cases	2	11	6	7	80 days
TOTAL ...	31	82	83	30	

In addition to these cases a number of tuberculosis patients suffering from bone and joint diseases have been treated at Alton. During the year 6 have been sent, and on January 1st, 1935, there were 10 cases there still under treatment.

A very large number of crippled children has been seen at the different clinics, as shown in the tables. Some of them suffer from several defects and in a few a definite diagnosis has not been recorded on our records. The statement given below, while not a complete classification, gives a good idea of the types of cases which have been dealt with at the Clinics.

Cases seen at the Clinics during 1934 for the first time.

Tuberculosis of bones and joints		8
Spastic and other paralysis conditions		11
Infantile paralysis (poliomyelitis)		18
Osteo-myelitis		5
Congenital dislocation of the hip		4
Club foot		10
Other congenital deformities		23
Torticollis		12
Diseases and injuries of the toes		17
Scoliosis		8
Postural deformities:—		
General defects of posture	30	
Flat foot (often with other postural deformities)	39	
Knock knees (many old rickets)	60	
Bow-legs	44	
		173
Rickets (not specially postural)		9
Injuries and accidents		16
Other defects and deformities		39
		353

The number of new cases seen is 17 more, the attendances at Surgeon's Clinics 72 more, and the attendances at Sister's Clinics 298 more than in the previous year. While most of the work at the Sister's Clinics has been at the major centres, the minor Clinics have been very valuable and have enabled many cases to attend for further treatment when it would have been impossible for them to travel the longer distances to the main Clinics.

A large number of cases has been provided with suitable splints and appliances. During 1934, 131 splints, etc., were supplied, 107 being calipers or other irons, while 179 alterations to ordinary boots were ordered and supervised, and 17 pairs of surgical boots provided. These appliances are obtained from the Oswestry and Wingfield Orthopædic Hospitals, as well as from the Bath Orthopædic Hospital. In addition, many plaster of Paris splints were fitted. In 1934 the number fitted was 124. The cost of the splints and appliances supplied was about £68.

X-ray photographs of cases are required in a number of instances, either to aid in making the diagnosis or as a guide to the treatment required. Arrangements have been made with 15 hospitals, or individuals, for X-ray photographs.

The cost of the Orthopædic Scheme is apportioned between the County Education Committee, the Tuberculosis Sub-Committee and the Maternity and Child Welfare Sub-Committee.

The total expenditure upon the Orthopædic Scheme, shared between the three Committees, for 1934, is as follows:—

EXPENDITURE.

	£	s.	d.
I. **In-patients.**			
Bath Orthopædic Hospital	4,023	13	6
Boarded-out cases	226	0	2
Travelling expenses to Hospital	6	9	11
Certain special expenses		7	0
II. **Out-patients.**			
(*a*) Splints and appliances	272	12	3
(*b*) Orthopædic Surgeon (services and travelling expenses)	237	16	6
(*c*) Nursing assistance: Miss Mayor (salary and travelling expenses)	505	16	9
Holiday substitute	18	19	11
(*d*) Travelling expenses of cases	52	12	3
(*e*) Maintenance of County Clinics	65	13	6
(*f*) Payments to outside Clinics, etc. (Bath City) ...	44	11	3
(*g*) X-ray photographs	50	18	6
(*h*) Payments for massage	74	12	10
(*i*) Equivalent of one Health Visitor	313	0	0
(*j*) Miscellaneous	2	19	6
III. **Central Office expenses.**			
Clerical assistance, printing, postage, stationery, etc., and superannuation expenses	267	5	5
	£6,163	9	3

RECEIPTS.	£	s.	d.	£	s.	d.
In-patient payments—						
From parents	174	10	10			
,, Hospital Leagues	67	5	11			
,, Public Assistance Committee ...	221	16	8			
				463	13	5
Clinic attendances payments—						
From Areas outside the County	18	10	6			
,, Local Authorities in County ...	129	18	0			
,, Public Assistance Committee ...	19	1	6			
,, M.D. Acts Committee	—	—	—			
,, Private individuals	9	13	6			
				177	3	6
Payment towards Splints and Appliances—						
From parents	39	5	9			
,, Public Assistance Committee ...	17	4	6			
,, M.D. Acts Committee		12	11			
				57	3	2
Payments for X-rays (Public Assistance Committee) ...				1	1	0
				£699	1	1
Net expenditure ...				£5,464	8	2

This is £94 more than for the previous year. While some items such as for boarded-out cases have increased, there is a reduction in other items. For a service upon which the actual expenditure upon individual cases cannot be controlled the correspondence between expenditure and estimates is very close.

THE PREVENTION OF CRIPPLING AND POSTURAL CONDITIONS.

Much attention continues to be paid to this subject. The work on the prevention of postural defects and improved physical training has been continued on the lines set out in previous annual reports, and the results obtained are undoubtedly of great value. Miss Margery Smith continues to make a great success of this work with the help of many enthusiastic and interested teachers. As explained in last year's report, the basis has been broadened and much more attention can now be given to the teaching of good posture by the teachers generally. In consequence rather less time can be allotted to purely remedial exercises given to selected groups of children.

Ten lectures have been given on "Posture" at Teachers' Classes during the year at Bridgwater (79 on register), Taunton (96), Yeovil (70) and Norton-Radstock (162). A fortnight's residential course for Teachers was held at Taunton School in August. Lectures on Posture were given on alternate mornings. Children demonstrated stripped to the waist.

The Posture classes for groups of children selected by the Medical Inspectors have been continued, and those held by Miss Smith during the year have been:—

Stratton-on-Fosse	Classes	including	13 girls and 11 boys.
Downside	,,	,,	18 boys.
Clandown	,,	,,	10 girls and 24 boys.
Stogursey	,,	,,	14 girls and 17 boys.
Creech St. Michael	,,	,,	10 girls and 22 boys.
Cannington	,,	,,	15 girls and 21 boys.
Kingston St. Mary	,,	,,	18 girls and 12 boys.
Somerton	,,	,,	33 girls and 29 boys.
Crewkerne Cl.	,,	,,	11 boys.
Crewkerne C.E.	,,	,,	15 boys.
Misterton	,,	,,	3 girls and 9 boys.

As a result of the exercises the children showed an average increase of breathing capacity of 0.5 to 0.7 inches; in one school the increase was 1.1 inches. Classification of the posture cases before and after the special course showed definite improvement.

Continuation classes have been carried out by the teachers at Stratton-on-Fosse, Downside, Clandown, Stogursey, Creech St. Michael and Cannington. These were all taken by teachers who attended the posture classes when taken by Miss Smith. All were visited by Miss Smith and the work done reported as satisfactory. These classes also influenced favourably the whole attitude in the schools to postural defects and their prevention.

In 18 schools 1,345 children aged 9 years and over have been examined and classified as regards posture into 4 grades—excellent, good, fair, poor—in the usual standing position or in the best that the child can attain. These examinations are very helpful to the teacher as physical defects are pointed out, and remedial measures explained either in the form of rest, special exercises or advice as to correction by stopping faulty practices. Keenness and co-operation on the part of the teachers has been nearly universal. In five schools (222 children) a second examination took place some months later and a general improvement was noted. The few cases showing deterioration were given special attention. Causes are usually one or more of the following—too rapid growth, overwork, lack of adequate nutrition, insufficient rest, bad postural habits.

In all the 150 schools visited by Miss Smith during the year the posture was noted and bad cases, so far as they could be observed when the children were clothed, pointed out to the teachers.

A good deal of attention during the year was paid to flat feet both by Medical Inspectors and by Miss Smith. Dr. Pringle, for example, finds a great deal of flat feet at Chew Magna School. This amounted to 25 per cent. for children 8—14 years. Together with Miss Smith, they followed this up, and the results are of interest. The degree of flat feet was accurately measured by foot impressions on paper using some staining liquid. Dr. Pringle reports as follows:—

> "The children were divided into two groups—*i.e.*, 'severe' and 'moderate'. The 'severe' group were ordered crooked boots and given special exercises during their physical training periods. The 'moderate' group were given the exercises only.
>
> At the end of 12 months the 7 children in the 'severe' group showed little improvement. Of the 22 children in the 'moderate' group all but 7 showed marked improvement. There were therefore 14 children who had not apparently improved.
>
> Miss Smith therefore organised a special class in which these children were given special remedial exercises on 4 days each week out of school hours. The assistant teacher in charge showed great interest in the treatment, and impressions of the children's feet taken at the end of the term have more than justified the experiment. Only two of the older children have failed to show marked improvement.
>
> The conclusion to be drawn is that these cases of postural flat feet in children are easily cured by remedial exercises conscientiously carried out, but how far the improvement is permanent is not yet known."

In addition, many individual cases of defective posture were followed up and dealt with in relation to the orthopædic clinics.

SECONDARY AND CONTINUATION SCHOOLS.

The six groups of children which are medically inspected in Secondary Schools are—

(1) All entrants not previously medically inspected.
(2) All entrants not examined since aged 8 years.
(3) All children on reaching 14 years.
(4) All leavers not medically examined within 2 years.
(5) Re-examination Cases.—Those found defective at a previous examination.
(6) Special Cases.—Those referred by the Head Master or Mistress for examination for definite reasons.

These groups have been altered to be better adapted to the needs of the Secondary Schools.

Each school is inspected once a year, but it is not possible to pay a routine second visit; some special visits are paid from time to time.

The arrangements for Secondary Schools are now working much more satisfactorily in every respect. A revised circular concerning the medical inspection of pupils was sent out in April to Head Masters and Mistresses.

The information was issued to enable the pupils in the Secondary Schools to obtain most benefit with the least disturbance from the medical inspection of these schools. Special attention was also drawn to several points directly concerning the general health supervision of the pupils. During the year under review, the lack of continuity of examination and treatment between the Elementary Schools has been remedied, and application is now being made through this department for previous medical inspection cards by all the Secondary Schools.

The number of children with possible defects presented to the Medical Inspectors during the year was only 44. This may appear to be a relatively small number, but is accounted for to some extent by the re-adjustment of the age groups for routine examination. Pupils are presented as "special" cases for any of the following reasons:—

(*a*) Doubt as to the suitability of a pupil for some portion or portions of the ordinary school work.
(*b*) Suspicion of marked deterioration in a pupil's condition.
(*c*) Possibility of the existence of infectious or contagious disease.
(*d*) Suspicion as to the existence of physical defects, such as defective eyesight or hearing, or faulty posture.

The number of "specials" presented must largely depend on the value attached to medical inspection and supervision by the teaching staff. In this connection, the Senior Assistant Mistress is generally responsible for the girls in Mixed Schools.

As pointed out in the Circular, there is no organised system of after-care for Secondary Scholars and it is therefore most desirable that Head Masters, Head Mistresses, and Senior Assistant Mistresses in Mixed schools should make themselves acquainted with the particulars entered by the Medical Inspector on the back of the Inspection cards. They should also bear in mind any abnormalities or disease conditions which may be recorded thereon and especially any advice given at the Medical Inspection.

The aim of the Health Department is to make the medical inspection of real value and service in the work of the school and this can only be achieved by close co-operation with the teaching staff.

The number of scholars examined last year and the results obtained are shown below:—

ROUTINE MEDICAL INSPECTIONS.

	Boys.	Girls.	All.
Entrants	357	306	663
Intermediates	256	214	470
Leavers	169	197	366
Totals ...	782	717	1,499

OTHER INSPECTIONS.

	Boys.	Girls.	All.
Specials	12	32	44
Re-inspections	134	228	362
Totals ...	146	260	406

The defects found among Secondary School children are enumerated in the accompanying table. The figures include specially presented as well as routine children, which prevents them from being compared closely with those from the Elementary Schools as regards the prevalence of defects.

Medical treatment for Secondary School children has not been provided, but any suspected to be suffering from tuberculosis are referred to the nearest Tuberculosis Dispensary for further examination and, if necessary, treatment; and pupils with defective eyesight, who are not receiving treatment elsewhere, are offered special examination by the County Oculist. Last year such further examination was offered 201 pupils, and accepted by the parents of 145. Of the 1,543 scholars examined as routine or special cases 258 were found to be already wearing spectacles. Where these spectacles appeared to be unsuitable, further examination was offered. For these purposes no distinction is made between free place pupils and others.

Defects found in Secondary School Children.

Condition.	Number of defects.	Number referred for treatment.	Number referred for observation.
Malnutrition	60	10	1
Uncleanliness	2	0	0
Skin Disease	2	0	0
Ringworm: Head	0	0	0
Body	0	0	0
Defective vision	370	110	11
Squint	9	1	1
Eye disease	30	10	3
Defective hearing	4	3	0
Ear disease	10	4	0
Nose and Throat disease:			
Enlarged Tonsils only	259	8	9
Adenoids only	7	0	1
Enlarged Tonsils and Adenoids	23	2	4
Other conditions	82	1	1
Teeth: Dental disease	569	27	0
Enlarged cervical glands	136	1	3
Defective speech	3	0	0
Heart Disease:			
Organic	7	4	3
Functional	21	0	21
Anæmia	63	15	0
Lung disease (non-tubercular):			
Bronchitis	7	0	3
Other diseases	7	0	3
Tuberculosis:			
Pulmonary—Definite	1	1	0
,, Suspected	3	0	3
Non-Pulmonary	0	0	0
Disease of the nervous system:			
Chorea	0	0	0
Other	10	0	2
Deformities	211	15	87
Enlarged Thyroid or Goitre	12	6	1
Other defects and diseases	40	7	3

The numbers of defects found in Secondary School children show a relatively slight decrease as compared with those of last year. There would appear to be no diminution however in the number of pupils found to have defective sight.

It is worthy of note that out of 259 cases of enlarged tonsils only 8 had to be referred for treatment, showing that operative treatment for this condition would seem to be rarely indicated so far as Secondary scholars are concerned. In a large proportion of cases, the tonsillar enlargement was associated with and apparently caused by either dental caries or oral sepsis.

It is very encouraging to note that the number of deformities found in Secondary School children continues to drop year by year and there is every reason to believe that this is mainly due to the valuable preventive work carried out under the County Orthopædic Scheme.

The figure for anæmia is higher this year. It is rather suggestive that this increase is balanced by a drop in the figure for malnutrition. Anæmia is one of the first signs of malnutrition in a child of Secondary School age and usually appears before any appreciable loss of weight takes place. Food insufficiency is not the usual cause of malnutrition. Poor assimilation, often due to faulty home hygiene or lack of sleep, has undoubtedly played a considerable part in the majority of these cases.

EXCEPTIONAL OR DEFECTIVE CHILDREN.

Table III. at the end of this report summarises and classifies all the children suffering from one defect only who were on the Special Registers of the School Medical Department at the end of 1934. A separate list is also kept of children who are suffering from the following types of Multiple Defect, *i.e.*, any combination of Total Blindness, Total Deafness, Mental Defect, Epilepsy, active Tuberculosis, Crippling or Heart Disease. This list comprises a total of 38 children (22 boys and 16 girls). Of these, 16 are epileptic and mental, including 6 imbecile boys, 3 imbecile girls, and 1 idiot girl; 9 are crippled and mental; including 1 imbecile girl, 1 imbecile boy, and 1 idiot boy; 2 boys are suffering from active tuberculosis and mental defect; 2 girls are totally deaf and mentally defective; 2 boys and 3 girls are blind and mentally defective; 1 boy is blind and epileptic; 1 girl is an epileptic cripple; 1 girl has a defective heart and is mentally defective; while another boy is tubercular and epileptic.

For the purpose of calculating the incidence of defectives per 1,000 of the school children, the number of scholars on the elementary school registers last year is estimated at 42,861. The incidence calculated in this way is not strictly accurate, as normal children leave school at 14 years, while most of the defective children are retained on the Special Registers until 16 years of age.

Blind Children.

All children found or reported to be suffering from defective eyesight are referred to the County Oculist for examination, and any found to be "blind" or "partially sighted" are certified accordingly.

The 17 "blind" children recorded in Table III. represent an incidence of 0.4 per 1,000; and the 51 "partially sighted" children an incidence of 1.2 per 1,000 of the school population.

One blind girl, 1 partially sighted girl, and 2 partially sighted boys were admitted during the year to the School for the Blind at Westbury. There are now seven boys and nine girls being trained at certified Schools for the Blind.

Admission to Blind Schools or Institutions is offered to all "blind" children, if they are of suitable age and mentally and physically fit for special education. Institutional cases on attaining the age of 16 years are offered, if suitable, further training. Special Day Classes for "partially sighted" children (and the same applies to "partially deaf" children) are desirable, but their provision in a large county wth scattered schools is impossible in practice. Bad-sighted or myopic children must remain in the elementary schools, but the Head Teachers are directed how to give them oral and such other instruction as is possible without detriment to their eyesight.

Deaf Children.

Children reported to be deaf are specially examined, and, if necessary, certified as "deaf" or "partially deaf." All "deaf" children are sent to certified Deaf Schools or Institutions, if they are of suitable age and mentally and physically fit for special education. Two boys were admitted during the year to the Royal West of England Institution for the Deaf, making a total of 10 and 9 respectively at certified Schools for the Deaf. The 20 "deaf" and 23 "partially deaf" children recorded in Table III., represent an incidence of 0.5 and 0.5 per 1,000 respectively of the school population.

Mentally Defective Children.

At the end of 1933 the Special Register contained the names of 307 feeble-minded children—185 boys and 122 girls. During the past year 30 boys and 20 girls, a total of 50 children, were certified as feeble-minded, and their names added to the Register, while the names of 28 boys and 20 girls, a total of 48, were removed owing to the children having attained the age of 16 years, left the County, or been re-graded; leaving a net total of 309 feeble-minded children (187 boys and 122 girls) on the Special Register at the end of 1934.

These 309 feeble-minded children are equivalent to 7.2 per 1,000 of the total number of children on the registers of the Elementary Schools.

Mental Examinations.—During the past year 145 children were examined and certified for the first time, and 53 were re-examined for re-grading or certification for Special Schools or Institutions.

The results of these examinations are shown below:—

	Schedule A.		Schedule B.	Schedule C.	
	Fit for education in an Elementary School.	Fit for Special Class for dull and backward children.	Fit for Special School.	Unfit for Special School.	Totals.
First examination—					
Boys	2	60	30	10	102
Girls	1	16	20	6	43
	3	76	50	16	145
Re-examined—					
Boys	0	12	22	0	34
Girls	0	5	14	0	19
	0	17	36	0	53
	3	93	86	16	198

The periodical mental examinations made at the Special Schools are not included in this table.

The District School Medical Inspectors are responsible for the examination of all suspected mentally defective children of school age in their areas. Dr. Stirling, the Deputy County School Medical Officer, has been responsible for the Weston-super-Mare area, and has also carried out numerous re-examinations of doubtful and other cases.

Epileptic Children.

The classification of epileptic children is difficult as the severity and frequency of the attacks vary from a mild fit once or twice a year to numerous severe fits daily. Excluding children with mental defect, the majority of the juvenile epileptics in the County are of the milder grade. As will be seen from Table III., 19 are classified "severe" and 38 "not severe," equivalent to an incidence of 0.4 and 0.9 per 1,000 of the school population respectively.

Physically Defective Children.

Cases of tuberculosis are dealt with through the Tuberculosis Section of the Health Department. It has been found difficult to classify the tuberculous children into the groups suggested by the Board of Education Circular No. 1321, Table III. All tuberculous children are periodically examined and certified as to their fitness for school and no child in an infectious condition is permitted to attend school. Crippled children are recorded in Table III. and the details of the County Orthopædic Scheme are discussed on pages 20-25.

EDUCATION AND CARE OF DEFECTIVES.

Sandhill Park Institution and Special School. At the end of 1934 there were 48 boys in residence, including five from Taunton, one from Yeovil, and one from Dorset. At the end of the year there were 48 girls in residence at Sandhill Park, including six from Taunton Borough, one from Bridgwater Borough, and one from Wiltshire.

A further 3 feeble-minded boys were accommodated at the Western Counties Institution, Starcross.

Yatton Hall. This Institution is primarily intended for low-grade defectives. At the end of 1934 there were in residence 30 boys and 15 girls of school age in addition to older defectives. In addition, 7 low grade defective boys were in residence at Cambridge House, Long Ashton, and 5 girls at West End House, Shepton Mallet. The accommodation is limited, and there is always a considerable waiting list for admisson.

Occupation Centres. Since 1920 the Somerset Association for Mental Welfare has provided very useful Occupation Centres in various parts of the County under the supervision of Miss Penrose. Last year the Centres at Taunton, Weston-super-Mare, Bridgwater, Street and Frome were continued. With the exception of Street the classes are now held on five days per week. All the children attending the Taunton and Bridgwater Centres, with the exception of one imbecile and one feeble-minded boy, belong to those Boroughs, and at the end of 1934 there were on the Centre registers 25 children of school age (including one feeble-minded and five imbecile boys) belonging to the County.

After Care of Mentally Defective Children. The Somerset Association for Mental Welfare, through its officers and Voluntary Visitors, continues its valuable work of following up and assisting defective children who have left school. Those leaving Special Schools are notified to the Mental Deficiency Acts Committee for supervision, guardianship or further institutional care as may be necessary.

During the year ten boys and nine girls were thus notified on reaching the age of sixteen, all of whom were detained at Sandhill Park.

SCHOOL HYGIENE.

Sanitary Condition of Schools. During 1934 one of the special investigations made was a detailed report upon every public elementary school in the County by the Medical Inspectors.

Every year reports upon defects are sent in and transmitted to the Chief Education Officer, but no detailed report upon all the school was made. Very occasionally this resulted in some defects being reported one year and others in subsequent years, a matter of inconvenience to School Managers. Again a comprehensive survey makes evident the very considerable number of Schools in the County for which serious defects exist. In our conferences in 1933 with School Teachers, again and again the point was made by the Teachers as to the difficulty in teaching hygiene in Schools, which are themselves by no means up to a reasonable sanitary standard. A survey of these defects is therefore of value and importance.

A. *Light and Ventilation.*—A material proportion of the Schools still show defects. The reports show 72 schools with defective lighting in one classroom and 74 further schools with defective lighting in more than one room. In 121 schools the ventilation was reported defective in more than one room, and in a further 54 schools one classroom had defective ventilation. Of these schools, in 74 both lighting and ventilation was defective. Both are serious defects, and it will be noted that very many schools are included.

B. *Water Supply.*—While the majority of schools have water laid on, the reports show that 74 schools have no water laid on to the school. In 10 of these it is in an adjacent school house, but in 64 cases all the water has to be fetched from outside and often a considerable distance. Water is wanted for drinking and for washing. While 334 schools have fixed washing basins with water laid on, in 85 cases there are fixed basins but no water laid on. In a further 62 schools there are no fixed washing basins. One can understand that teachers in these defective schools find it difficult to enforce and explain the importance of cleanliness, when their own schools are so badly equipped. The schools having to fetch water are by no means only the very small schools, while in only a minority is it because no water is available. The water could be brought into the school if necessary. These 64 schools as regards number of children on books are the following:—

Under 20	20—30	30—50	50—70	Over 70
18	10	17	13	6

As regards no fixed washing basins they are as follows:—

Under 20	20—30	30—50	50—70	Over 70
16	15	14	6	11

C. *Offices.*—These can be classified as follows:—

Type of disposal.	Urban.	Rural.
Pails	1	91
Privies	1	23
W.C., Hand-flushed ...	0	37
,, Flushed	87	183
Swanmore	1	56
Chemical closets ...	0	1

Hand-flushed water closets can be satisfactory if they are properly looked after, but they need special supervision, and steps should be taken to see that this is given. Wherever possible proper flushing arrangements should be installed.

The Swanmore is really a special type of earth closet, and can be quite sanitary, but it needs proper management and so requires very careful supervision. The importance of this careful supervision is not always recognised.

Pail closets are no better than privies unless they are used as earth closets and are frequently emptied, and parsimony should not be allowed to reduce this frequent emptying. They should be used with dry earth, and this should always be available and its use taught. One still occasionally finds ashes or other substitute used, and ashes are useless; or more commonly no additions are made. Naturally if earth is added, more frequent emptying is required but pail closets should not be permitted unless adequate arrangements are made for emptying. Care should be given to the proper disposal of the contents. This is really a simple matter if dealt with systematically. The wrong way is irregular dumping. The proper way is to dig a trench with the removed earth piled up as a mound all along the back of the trench. The contents of each pail are put into a section of trench and at once covered with the earth from the mound behind it and this is continued, working along the trench. When filled, additional trenches are made and similarly dealt with. Quite a small area will deal with a considerable number of pail closets since purification rapidly occurs and the ground can be used over and over again. The provision of pail closets should include as an *indispensable* part of disposal, the use of sufficient land, and they should never be introduced without such being made available.

Privies are still in use in 24 schools. The privy is an anachronism never tolerated, for example, in a Council house, yet it is still thought good enough for 24 schools, a smelly example of things as they ought not to be, a permanent paradox in a school where the art of healthy living is supposed to be taught by precept and example.

As regards other defects, inadequate heating arrangements, cloakrooms defective as regards airspace and ventilation are defects met with in many instances and reported, but it is not necessary to summarise them here.

The distribution of the defects vary and in some cases only one defect is noted. This is the exception, and usually there are many defects in the one school. There is quite a number of really defective schools showing multiple defects. While this is the only year for which a complete survey has been recorded, the schools are reported upon each year by the Medical Inspectors, and all these defects have been the subject of repeated reports and yet remain unremedied.

As I pointed out last year, defects such as faulty lighting, inadequate ventilation or insufficient washing facilities may be directly prejudicial to the health of the children, while also schools are the centres for education and not the least important are the lessons imperceptibly taught to the children by a sanitary environment. In some instances the only way to use the schools as environmental object lessons would be to utilise features as illustrations to the children of what to avoid.

Hygiene Instruction in Schools. In the autumn of 1933 the Board of Education issued the New Handbook on Health Education. As this was sent out at the same time as the new Physical Training Handbook it was thought advisable to hold evening meetings to discuss the contents of this book with groups of teachers. Two evening meetings in each centre were held by Miss Lamb to talk over and discuss the various points raised in the handbook. Thirty-eight evening meetings were held at 19 centres, *i.e.*, Cheddar, Shepton Mallet, Bridgwater, Glastonbury, Weston-super-Mare, Bristol, Frome, Chard, Wincanton, Yeovil, Bath, Chew Magna, Somerton, Martock, Wellington, Wiveliscombe, Williton, Minehead, and Dulverton. These evening meetings were found useful by the teachers in most areas.

Not all the teachers can manage to get to the centres held in connection with this book, so that personal visits are advisable to interest them in the handbook, pointing out some of the most important sections in connection with Health Education. A Reader having been recommended in this handbook Miss Lamb has taken with her one or two specimen copies which might suit schools. It is important that the type of textbook used in the schools should be correct and modern, and it is very helpful to the teachers to see suitable types.

Lists of suitable books and posters have been prepared and are kept well up to date. These can be obtained by Head Teachers through the County Education Office. Many health posters have been distributed in the schools.

Most teachers welcome short talks on health matters to the children, and the opportunity of the lecturer being in the district often enables such a talk to be given. Eighty-two schools were visited during the year.

Miss Lamb reports that there has been a considerable stimulus to health teaching since the issue of the new handbook but there are still a number of schools where practically no hygiene instruction is given.

In the Spring term two lecturers were lent by the Dental Board to visit Elementary Schools and give lessons in Dental care. Excellent models were used in these lessons, and the teachers were very pleased with the demonstrations and lessons, while the children were most interested. The tour was arranged by Miss Lamb, and consisted of tours in the Long Ashton and Axbridge areas. In all 28 schools were visited.

The Health Journal "Better Health," which was discontinued during most of 1933, started circulation again in January, 1934, and has been sent out every month during the year. It is supplied free of charge to all the Head Teachers and to a good many other teachers on their paying the postage. I hear from many sources that it is much appreciated and its circulation is doing a lot of good while it is very useful for health teaching.

Physical Training. I am indebted to the Chief Education Officer for the following particulars of the work of the Physical Training Instructors:—

The Organising Instructors of Physical Training have paid visits during the past year to 355 schools.

Teachers' Classes and Lecture-Demonstrations. In the areas in which courses of instruction for teachers were arranged, viz.:—Taunton, Bridgwater, and Yeovil Boroughs, and Midsomer Norton, the new Board of Education syllabus of physical training was introduced, and it was possible in ten lessons of two hours duration for a detailed study and survey of the syllabus to be undertaken. In view of the time involved in such a course it is obvious that it would not be possible to give to teachers in the greater part of the County any immediate help in the new aspects of the work, except by lecture-demonstrations. Such demonstrations, each of four hours duration, have been held, either on Saturday morning and afternoon or on two evenings, at the following centres:—Churchill, Dulverton, Pill, Minehead, Street, Wellington, Wells, Weston-super-Mare, and Wiveliscombe. On these occasions classes of children performed exercises from the new syllabus for infants, juniors, and senior boys and girls, and interesting talks and discussions took place. Teachers who attended have commented on the value and helpfulness of these lecture-dmonstrations and the fact that some teachers attended more than one centre is significant of their appreciation. It is not, of course, claimed that these demonstations can take the place of the ordinary courses, but they do serve to bring to the notice of the teacher the possibilities of the new syllabus much earlier than would be the case if the teacher had to wait for the ordinary longer course. Since the issue of the new syllabus the staffs of 168 schools have been represented at these meetings, and the staffs of 115 county schools and the whole of the schools in Taunton, Bridgwater, and Yeovil Boroughs have attended a course of ten lessons.

Physical Training in the Schools. Sir George Newman's reiteration of the plea for a daily period of activity for every child is meeting with a ready response in almost all the schools. Re-organisation has set free a room in many of the junior schools and halls are being provided in the new senior schools. Further the new easily moved furniture makes floor space more readily available for indoor physical training lessons in wet weather. It is impossible to make full use of the new syllabus unless there is sufficient space to perform exercises when lying down, which have a very special postural value, and this lack of satisfactory surface presents a real difficulty in many of our playgrounds.

The habit of removing some clothing for physical training lessons is becoming more general, perhaps to a greater extent in the less rural, than in the more rural areas. The question is largely one of locality, but keenness and enthusiasm on the part of teachers frequently overcome any objection that may exist to the practice.

Swimming. Instruction in swimming is given where facilities permit. The only notable development during the past year is at Wiveliscombe where the school now makes use of the baths in the recreation ground.

Residential Course in Taunton. The second residential course in physical training was held at the Taunton School from 8th to 22nd August. The hall, gymnasium, playgrounds, baths, and playing fields were made available for the course, thus making conditions of work almost ideal. As the weather was favourable nearly all the practical side of the work was taken out of doors. The course was attended by 22 men and 28 women, of whom 3 men and 6 women were head teachers. Of these 50 teachers, 46 were from county schools, 2 were from Bridgwater, and 2 from Yeovil. The time-table of the course was as follows:—

9— 9.45 a.m.	...	Lecture.
9.45—10.45 a.m.	...	Physical Training (practical).
11—12 noon.	...	Teaching practice, talks, etc.
12— 1 p.m.	...	Games.

Somerset Schools Games Association. This association, in all its branches—athletics, games, and swimming—performs very valuable service to the school child of Somerset in helping to promote recreation, health, and good physique. Inter-school games, Football (Rugby and Association), Hockey, Netball, Cricket, continue to be played as heretofore.

It is not unusual for a school football team to be accompanied by the girls' netball team when playing away. This is an innovation which often results in a netball match, which otherwise would never take place, being arranged to run concurrently with the boys' match. More important than inter-school matches are "Games Saturdays", on which a number of school teams meet to play netball and other games. No attempt is made to form a league, nor is any attention paid to the question of which team wins the most games. Nine such Saturdays have been arranged in various parts of the county, one at Street being combined with a reunion of the students of the Taunton courses when demonstrations of physical training lessons and games lessons took place. Such arrangements tend to foster the spirit of playing the game for the game's sake, and also provide opportunity for learning new games.

INFECTIOUS AND CONTAGIOUS DISEASES IN SCHOOLS.

During the year 60 schools or departments were closed on account of infectious disease; 45 under Article 23 (*b*) of the Code by the School Medical Officer, and 15 under Article 22 of the Sanitary Authority on the advice of their Medical Officer of Health.

The Schools were closed for the following diseases:—

Scarlet Fever	8
Diphtheria	1
Measles	28
Whooping Cough	9
Whooping Cough and Measles	3
Severe Colds and Coughs	2
Mumps	1
Influenza	5
Chicken Pox	2
Scabies	1
	60

So far as possible schools are not closed for infectious disease and reliance is placed upon the exclusion of cases and suspected cases. The present policy of Senior and Junior Schools adds considerable difficulties in the way of the spread of infectious diseases, owing to the greater mixing of children from different areas.

Under the Regulations of the Board of Education 251 certificates for weekly attendance below 60 per cent. were issued in respect of 93 schools or separate departments.

The cases excluded by the School Medical Officer or his Assistants during the year were 366. Of these, 35 were for ringworm, 14 for verminous condition of head or body, 71 for other skin diseases, while the remainder were for a variety of conditions. In addition, 53 cases of actual or suspected phthisis and 40 of other varieties of tuberculosis were excluded by the County Tuberculosis Officers.

LABORATORY.

During the year 11,541 samples and specimens were examined in the County Laboratory. The greater number were in connection with Public Health work. 6,922 suspected diphtheria swabs were examined, the majority being from children of school age; 136 specimens of hairs and stumps from suspected ringworm cases were examined; of these, 47 showed the ringworm fungus, while the remaining 89 were negative. Of these 136 specimens, 94 were taken by the School Medical Inspectors or the Health Visitors, and 42 were examined for private practitioners and district nurses.

TABLE I.

Number of Children Inspected 1st January, 1934, to 31st December, 1934.

A.—Routine Medical Inspections.

	Boys.	Girls.	Total.
Number of Code Group Inspections—			
Entrants	2,291	2,085	4,376
Intermediates	1,860	1,870	3,730
Leavers	2,294	2,199	4,493
	6,445	6,154	12,599
Number of other Routine Inspections	473	526	999
TOTAL	6,918	6,680	13,598

B.—Other Inspections.

Number of Special Inspections	842	811	1,653
Number of Re-inspections	4,371	4,193	8,564
TOTAL	5,213	5,004	10,217

TABLE II.

A.—Return of Defects found in the course of Medical Inspection, 1934.

DEFECT or DISEASE. (1)		Routine Inspections.		Specials.	
		Number referred for treatment. (2)	No. requiring to be kept under observation, but not referred for treatment. (3)	Number referred for treatment. (4)	No. requiring to be kept under observation, but not referred for treatment. (5)
Malnutrition		387	27	173	0
Uncleanliness—					
Head		67	0	7	0
Body		11	0	1	0
Skin ...	Ringworm—				
	Head	5	0	4	0
	Body	7	0	9	0
	Scabies	7	0	1	0
	Impetigo	22	0	25	0
	Other Diseases (Non-Tuberculous)	15	0	8	1
Eye ...	Blepharitis	72	6	60	0
	Conjunctivitis	9	0	7	0
	Keratitis	0	0	0	0
	Corneal Opacities	0	1	2	1
	Defective Vision	702	210	347	5
	Squint	99	23	19	1
	Other Conditions	42	3	30	0
Ear ...	Defective Hearing	19	14	20	4
	Otitis Media	25	4	24	4
	Other Ear Diseases	39	0	21	0
Nose and Throat ...	Enlarged Tonsils only	75	134	62	8
	Adenoids only	6	12	16	4
	Enlarged Tonsils and Adenoids	205	73	122	5
	Other Conditions	33	34	17	5
Enlarged Cervical Glands (Non-Tuberculous)		13	19	15	6
Defective Speech		9	4	4	2
Teeth—Dental Diseases		176	4	49	0
Heart and Circulation	Heart Diseases—				
	Organic	22	22	12	0
	Functional	1	143	0	10
	Anæmia	113	7	77	8
Lungs ...	Bronchitis	55	31	31	4
	Other Non-Tuberculous Diseases	5	10	3	3
Tuberculosis	Pulmonary—				
	Definite	8	0	1	0
	Suspected	2	62	0	61
	Non-Pulmonary*	10	2	6	0
Nervous System ...	Epilepsy	4	5	4	4
	Chorea	4	3	1	0
	Other Conditions	16	6	13	5
Deformities	Rickets	14	1	0	0
	Spinal Curvature	0	2	1	0
	Other Forms	158	535	50	65
Goitre		65	9	39	0
Other Defects and Diseases		221	28	171	11

*The routine cases consisted of 8 glands, 2 hip, and 2 other forms. One gland case and 1 other case were kept under observation; all the others were referred for treatment. The specials were 1 abdomen, 1 peritoneum and 4 glands, all referred for treatment.

B.—Number of Individual Children found at Routine Medical Inspection to require treatment (excluding Uncleanliness and Dental Diseases).

GROUP. (1)	Number of Children. Inspected. (2)	Number of Children. Found to require treatment. (3)	Percentage of Children found to require treatment. (4)
CODE GROUPS:			
Entrants	4,376	729	16.7
Intermediates	3,730	732	19.6
Leavers	4,493	658	14.6
Total (code groups)	12,599	2,119	16.8
Other routine inspections	999	158	15.8

TABLE III.

Return of all Exceptional Children in the Area.

			Boys.	Girls.	Totals.	
BLIND	Suitable for training in a School or Class for the totally blind	Attending Certified Schools for the Blind	5	8	13	
		Attending Public Elementary Schools	1	2	3	
		At other Institutions	0	0	0	
		At no School or Institution ...	0	1	1	17
PARTIALLY SIGHTED	Suitable for training in a School or Class for the partially sighted	Attending Certified Schools for the Blind	2	1	3	
		Attending Public Elementary Schools	18	25	43	
		At other Institutions	0	0	0	
		At no School or Institution ...	1	4	5	51
DEAF	(i) Suitable for training in a School or Class for the totally deaf or deaf and dumb	Attending Certified Schools for the Deaf	10	9	19	
		Attending Public Elementary Schools	0	0	0	
		At no School or Institution ..	0	1	1	20
PARTIALLY DEAF	(ii) Suitable for training in a School or Class for the partially deaf	Attending Public Elementary Schools	7	14	21	
		At no School or Institution ...	1	1	2	23
MENTALLY DEFECTIVE	Feeble-minded (cases not notifiable to the Local Control Authority)	Attending Certified Schools for Mentally Defective Children ...	44	40	84	
		Attending Occupation Centres ..	10	10	20	
		Attending Public Elementary Schools	85	46	131	
		At other Institutions	0	0	0	
		At no School or Institution ...	45	29	74	309
EPILEPTICS	Suffering from severe epilepsy	Attending Certified Special Schools for Epileptics	1	0	1	
		Attending Public Elementary Schools	9	4	13	
		At no School or Institution ...	0	5	5	19
	Suffering from epilepsy which is not severe	Attending Public Elementary Schools	16	15	31	
		At no School or Institution ...	4	3	7	38

TABLE III. (continued).

			Boys.	Girls.	Totals.	
PHYSICALLY DEFECTIVE	Active pulmonary tuberculosis (including pleura and intra-thoracic glands)	At Sanatoria or Sanatorium Schools approved by the Ministry of Health or the Board ...	0	0	0	
		At Certified Residential Open-Air Schools	12	6	18	
		At Public Elementary Schools ...	0	0	0	
		At no School or Institution ...	3	2	5	23
	Quiescent or arrested pulmonary tuberculosis (including pleura and intra-thoracic glands)	At Certified Day Open-Air Schools	0	0	0	
		At Public Elementary Schools ...	57	72	129	
		At no School or Institution ...	32	20	52	181
	Tuberculosis of the peripheral glands	At Certified Residential Open-Air Schools	1	2	3	
		At Public Elementary Schools ...	25	33	58	
		At no School or Institution ...	5	11	16	77
	Abdominal tuberculosis	At Public Elementary Schools ...	11	5	16	
		At no School or Institution ...	2	1	3	19
	Tuberculosis of bones and joints (not including deformities due to old tuberculosis)	At Sanatoria or Hospital Schools approved by the Ministry of Health or the Board	5	9	14	
		At Public Elementary Schools ...	11	1	12	
		At no School or Institution ...	9	6	15	41
	Tuberculosis of other organs (skin, etc.)	At Public Elementary Schools ...	0	1	1	
		At no School or Institution ...	0	0	0	1
	Delicate Children	At Certified Residential Open-Air Schools	2	7	9	
		At Public Elementary Schools ...	120	88	208	
		At no School or Institution ...	5	3	8	225
	Crippled Children (other than those with active tuberculous disease), e.g., children suffering from paralysis, rheumatic heart, etc.	At Certified Hospital Schools ...	7	5	12	
		At Residential Schools for Cripples	0	1	1	
		At Public Elementary Schools ...	88	61	149	
		At no School or Institution ...	29	21	50	212
	Children suffering from severe heart disease	At Certified Hospital Schools ...	4	0	4	
		At Public Elementary Schools ...	1	0	1	
		At no School or Institution ...	3	2	5	10

TABLE IV.

Treatment of Defects of Children during 1933.

A.—Treatment of Minor Ailments.

Disease or Defect.	Referred for treatment.	Number treated.	Results of treatment.			Number not treated, or no report.	Percentage treated.
			Remedied.	Improved.	Unchanged.		
Skin—							
Ringworm—Head ...	32	32	21	0	11	0	100
„ **Body** ...	75	65	65	0	0	10	87
Scabies	36	31	31	0	0	5	86
Impetigo	238	221	215	0	6	17	93
Minor Injuries	40	33	29	0	4	7	83
Other Skin	42	28	19	3	6	14	67
Ear Diseases	166	130	82	21	27	36	78
Eye Diseases (External and other)	114	83	53	16	14	31	73
Miscellaneous	331	153	129	8	16	178	46
	1,074	776	644	48	84	298	72

B.—Treatment of Visual Defects.

Number referred for refraction, etc., 1933.	Number examined by County Oculist.					Number absent.	Number obtaining treatment elsewhere.
	For whom spectacles prescribed.	For whom spectacles obtained.	Other forms of treatment advised.		Number for whom no treatment necessary.		
			Obtained.	Not obtained.			
1,049	811	792	7	0	107	123	1

C.—Treatment of Defects of Nose and Throat.

Referred for treatment.	Number treated.	Received operative treatment.	Received other forms of treatment.			Number not treated, or no report.	Percentage treated.
			Remedied.	Improved.	Unchanged.		
533	392	265	10	65	52	141	74

TABLE V.

Summary of Treatment of Defects during 1933.

Disease or Defect.	Referred for treatment.	Number treated.	Results of treatment.			Number not treated, or no report.	Percentage treated.
			Remedied.	Improved.	Unchanged.		
Minor Ailments	1,074	776	644	48	84	298	72
Visual Defects (including Squint)	1,049	819*	800	0	19	123	88
Defects of Nose and Throat	533	392	275	65	52	141	74
Dental Defects	219	126	90	25	11	93	58
Malnutrition	335	256	25	127	104	79	76
Defective Hearing ...	53	41	18	15	8	12	77
Defective Speech ...	2	2	0	0	2	0	100
Enlarged Cervical Glands (Non-T.B.)	24	18	7	10	1	6	75
Heart Disease—							
Organic	59	30	2	6	22	29	51
Functional	2	2	1	0	1	0	100
Anæmia	141	120	30	64	26	21	85
Lung Disease (Non-T.B.)	114	92	40	38	14	22	81
Tuberculosis—							
Pulmonary—							
Definite	12	8	0	5	3	4	67
Suspected	17	9	3	5	1	8	53
Non-Pulmonary ...	33	24	4	8	12	9	73
Disease of Nervous System	34	28	12	12	4	6	82
Deformities	313	238	15	122	101	75	76
Goitre	122	96	11	37	48	26	79
Other	280	210	94	48	68	70	75

*In addition 107 children attended and were examined but no treatment was necessary.

TABLE VI.

Summary relating to Children Medically Inspected at the Routine Inspections during the Year 1934.

(1) The total number of children medically inspected at the routine inspections		13,598	Percentage Prevalence.
(2) The number of children in (1) suffering from defects (other than uncleanliness or defective clothing or footgear) who require to be kept under observation (but not referred for treatment)		1,233	9.1
(3) The number of children in (1) suffering from :—			
Malnutrition		1.275	9.4
Skin Disease		66	0.5
Defective Vision (including Squint)		2,040	21.1
Eye Disease		223	1.6
Defective Hearing		112	1.0
Ear Disease		187	1.4
Nose and Throat Disease—			
Enlarged Tonsils only	3,298		24.3
Adenoids only	115		0.8
Enlarged Tonsils and Adenoids	637		4.7
Other Conditions	387		2.8
		4.437	32.6
Enlarged Cervical Glands (Non-Tuberculous)		2,696	19.8
Defective Speech		168	1.2
Dental Disease		8.865	65.2
Heart Disease—			
Organic	44		0.3
Functional	144		1.1
		188	1.4
Anæmia		314	2.3
Lung Disease (Non-Tuberculous)—			
Bronchitis	182		1.3
Other Diseases	45		0.3
		227	1.7
Tuberculosis—			
Pulmonary—Definite	8		0.1
Suspected	64		0.5
		72	0.5
Non-Pulmonary		12	0.1
Disease of the Nervous System		114	0.8
Rickets		526	3.9
Deformities		1,175	8.6
Goitre		173	1.3
Other Defects and Diseases		405	3.0